

DATE_____

NAME_____

DISCIPLINE_____

AGENCY_____

MAILING ADDRESS_____

E-MAIL ADDRESS_____

DISTRICT NAME_____

POST TEST - TRACK II

1. CBIS is responsible for
 - A. Issuing checks to providers
 - B. Notifying each provider when their check has been mailed
 - C. Ensuring that provider payments are made only for services authorized on the IFSP
 - D. Assessing service needs for First Steps recipients
2. What kind of data does CBIS collect through the summary reports?
 - A. Service data
 - B. Demographic data
 - C. Eligibility data
 - D. All of the above
3. Which form is NOT used to collect data about First Steps participants?
 - A. Demographic Changes/POE Home Visit Form
 - B. IFSP Meeting Summary Sheet Services Form
 - C. IFSP Summary Sheet Amendment/Correction/Update Form
 - D. Mismatch Summary Report
4. Which one of the following is the authorizing document for all early intervention services?
 - A. POE New Referral Form
 - B. POE Update Form
 - C. IFSP Meeting Form

D. IFSP Meeting Summary Sheet Services Form

5. Where should billings be mailed?
 - A. To the nearest CCSHCN office
 - B. To the nearest MH/MR office
 - C. To the CBIS office
 - D. To the assigned PSC
6. What information would be appropriate to include on all billings submitted to CBIS?
 - A. CBIS provider #
 - B. Child CBIS ID #
 - C. Date of service
 - D. All of the above
7. If your billing form includes a professional not listed on the Enrollment Form what will happen?
 - A. Payment will be delayed for 15 days.
 - B. Payment will be delayed for 30 days.
 - C. Payment will be delayed for 60 days.
 - D. Payment will be denied.
8. What should you do if you are not paid for services included on your billing form?
 - A. Carefully review the denial code on my mismatch letter and make the appropriate correction(s).
 - B. Verify that the CBIS child ID number is correct.
 - C. Verify that the date of service is not prior to the date authorized on the IFSP Meeting Summary Sheet Services Form.
 - D. All of the above.